



## NEWSLETTER TO SASGO MEMBERS

Dear Colleagues

At the end of this first Covid-19 pandemic year, we pause to reflect about what had been planned and what has been realised in our sub-speciality over the past 12 months. Many of our plans did not come to full fruition, projects had to be put on hold, whilst some other matters luckily developed beyond our expectations.

Early in the year, SASGO worked with SASOG to develop the relevant parts of the Covid-19 medical management recommendations for South Africa. Our input was also in line with and included in the IGCS guidelines for the management of gynaecological oncology cases in times of great competition for resources and reduced safety in our surgical wards and intensive care areas. As the pandemic continues and we see the medium and longer term epidemiology, we understand better that there will be geographical areas, and times of lesser and greater difficulty, which will continue to require adaptability. However, the principles will remain the same.

Regarding the planned SASGO 2020 congress, SASGO management team, together with the congress organisers and organising committee, had to decide whether to have an online only meeting, or whether to postpone the meeting to a potentially safer time. Other large global oncology meetings took similar hard decisions: IGCS held the virtual Rome 2020 meeting and ESGO now plans for an online congress in 2021. After an investigation, and without being able to predict the future, we opted to hope and plan for a face-to-face or hybrid-type meeting in 2021. SASGO 2020 has therefore been changed to SASGO 2021 and we will aim to host it – with attention to the relevant safety measures required at the time – during the month of July 2021 at the original Indaba venue in Gauteng. Elections to official positions (three-yearly) were already out of synchronisation with the congress (two-yearly) and are now scheduled to take place during this meeting. “Hoping to see you all there” has taken on a totally new meaning!

During the past year, SASGO members could, for the first time, obtain discounted simultaneous IGCS and SASGO membership as part of the IGCS strategic alliance programme. Many took this option and we will watch this space and re-evaluate our collaboration over time. To increase our global and African footprint further, SASGO offered to organise two pre-congress workshops and a congress session for the upcoming regional hybrid meeting held by FIGO in Kigali now to be held in December 2020. Sincere thanks to everyone who will participate in these pre-recorded events which are aimed at assisting in down-staging cervical cancer, strengthening colposcopy and cancer prevention on our continent.

Another project concluded in collaboration with SASOG was giving advice to GMG regarding the update of procedural coding in our sub-discipline. Many new procedures are now included and for most cancer surgeries, there are now more than the previous one or two codes per condition. This should allow us to more accurately code so that re-imburement can eventually be scientifically based and more honest. After the initial teething problems are over, we trust that our members will eventually be more appropriately remunerated for our procedures.

Similar to the College Fellowship examinations, sub-speciality certificate exams were interrupted during the first semester and then successfully completed via online platforms later this year. Welcome to the newly qualified colleagues! Although training programmes were disrupted, especially for part-time Fellows who are employed at other Government hospitals, gynaecological oncology service delivery as an essential service could thankfully be continued to a large extent. The need for trained gynaecological oncology surgeons for developing countries remains huge and we are proud to contribute in the training of fellows for needy areas in our own country and elsewhere on the continent.

We all experienced the effects of patient anxiety and postponement of treatment on stage and prognosis. Surgery with severely limited intensive care beds is sadly something many of us have come to accept as part of our reality – a reality which became even more pronounced during the Coronavirus outbreak. It cannot be stressed enough that neither presentation, nor treatment for invasive cancers may be postponed – and this is even more important in settings where diagnoses are often made when patients have stage 3 and 4 disease. During protracted epidemics/pandemics, even stopping the screening programmes can do irrecoverable damage.

Our website at [www.sasgoweb.wordpress.com](http://www.sasgoweb.wordpress.com) carries more news of latest developments in the society. The office number is +27 12 743 6012 for membership-associated enquiries or administrative and legal matters on behalf of the society, and the e-mail address is [sasgopost@gmail.com](mailto:sasgopost@gmail.com).

Very best SASGO wishes for 2021!

Greta Dreyer (President)

On behalf of the SASGO office and SASGO executive committee